

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032267

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7951

STATE FILE NUMBER

FILED SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

## a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
1 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Barnes HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN O'Fallon

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
1415 Alice DriveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
THOMASMiddle  
WILLIAMLast  
BEIER

## 4. DATE OF DEATH

Month Day Year  
August 13, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
July 8, 19349. AGE (last birthday)  
28IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Administrative Clerk10b. KIND OF BUSINESS OR INDUSTRY  
Air Force11. BIRTHPLACE (City and state or country)  
Fremont, Ohio12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Deceased (name unknown)

## 13b. MOTHER'S MAIDEN NAME (Maiden name)

Delores Everett

## 14. NAME OF HUSBAND OR WIFE

Paula H. Beier

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes 11/10/56 to present

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

F. J. Rogers, Capt., USAF, Scott AFB, Ill.

18. CAUSE OF DEATH (Enter only one cause per line if  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
3:00 p.m.Month, Day, Year  
8-12-6220d. INJURY OCCURRED  
WHILE AT WORK ☒ X  
NOT WHILE AT WORK20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

to

and last saw her alive on

## Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree of Physician)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

P. W. Schildknecht

O'Fallon, Illinois

AUG 14 1962

Dean Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

P. W. Schildknecht  
P. W. SCHILDKNECHT

Licensed Embalmer No. 8549 (Illinois)

P. O. Address O'Fallon, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.